



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Pine Creek Medical Center

Respondent Name

Federal Insurance Co

MFDR Tracking Number

M4-15-1120-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

December 11, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...services that were rendered on 5/27/2014 is a separate encounter from the surgery date."

Amount in Dispute: \$48.28

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Beginning in calendar year 2014, payment for most laboratory tests, except for molecular pathology tests, are included in the OPPS. Therefore, no additional monies are owed to Requestor for laboratory testing included in the outpatient surgical procedure on 5/27/14."

Response Submitted by: Downs ♦ Stanford, PC 2001 Bryan Street, Suite 4000, Dallas, Texas 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 27, 2014	Laboratory Services	\$48.28	\$35.02

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - RN – Not paid under OPPS: services included in APC rate
 - P14 – Payment is included in another svc/procdre occurring on same day

Issues

1. Did the requestor support services are payable?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203(c), "To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas Workers' Compensation system is the effective conversion factor adopted by CMS multiplied by 125%." Review of the corrected claim finds;

- Original claim contained "Type of bill" 131
- Corrected Claim with Type of bill 141 sent as re-consideration 8/25/2014"

The respondent in their position statement says, "...laboratory testing included in the outpatient surgical procedure on 5/27/14." However the carrier provided no evidence to support a surgery was performed for the same diagnosis, on the same date of service, an done by the same physician. Therefore, separate payment will be allowed. The maximum allowable reimbursement will be calculated as follows;

Date of Service	Submitted Code	Units	Billed amount	MAR (Fee Schedule x 125%)
May 27, 2014	36415	1	\$25.00	\$3.00 x 125% = \$3.75
May 27, 2014	85025	1	\$106.50	\$10.61 x 125% = \$13.26
May 27, 2014	80053	1	\$93.00	\$14.41 x 125% = \$18.01
May 27, 2014	80101	1	\$1145.70	Code not valid on date of service (see below)
			\$1,370.20	\$35.02

2. Per Medicare Change Request (CF) 6852, states in pertinent part, "Effective April 1, 2010, CPT code 80101 will no longer be covered by Medicare..." 28 Texas Administrative Code §134.203 (b) states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided..." Therefore, the requirements of Rule 134.203(b) not met for disputed service 80101. The total allowable for the services in dispute is \$35.02. The amount paid by the carrier is \$0.00. The remaining balance is \$35.02. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$35.02.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$35.02 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 2, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.